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APPLICANTS

Rupert Christian Scheiner, Davidson, AUSTRALIA;

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**** FOREIGN APPLICATIONS *******

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**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

Foreign Priority claimed 35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged _____ /PAMELA M BAYS/ Examiner's Signature			AUSTRALIA	6	29	5

ADDRESS

CONNOLLY BOVE LODGE & HUTZ LLP
 1875 EYE STREET, N.W.
 SUITE 1100
 WASHINGTON, DC 20006
 UNITED STATES

TITLE

Medical device

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